

**City of Chandler**

Telephone: (480) 782-2280

Fax: (480) 782-2295

**LICENSE APPLICATION
TRANSACTION PRIVILEGE & USE TAX**

Location Address: 55 N. Arizona Pl. #105, Chandler, AZ 85225

Mailing Address: MS 701 - PO Box 4008, Chandler, AZ 85244-4008

Check one:	<input type="checkbox"/> Permanent <input type="checkbox"/> Temporary	License No.:	
Check one:	<input type="checkbox"/> New Business <input type="checkbox"/> New Owner of Existing Business	Former Owner (if applicable)	Previous City License #
Check any that apply:	<input type="checkbox"/> Name Change Only <input type="checkbox"/> Location Change	Current City License #	Date of Change

SECTION I. BUSINESS INFORMATION

Business Name (Individual, Company or "DBA", first name first):			
Location Address (in Chandler):			
City, State, Zip Code + 4:		Business Phone (Including Area Code):	
Start Date (in Chandler):	E-mail address:	State Tax License #:	Federal ID #:

SECTION II. MAILING ADDRESS & PHONE NUMBER

Enter Name if Different from Section I (above) or Enter Care Of Name:	
Mailing Address:	
City, State, Zip Code + 4:	Phone (Including Area Code):

SECTION III. BUSINESS OWNERSHIP & RECORD LOCATION

Ownership:	<input type="checkbox"/> Individual	<input type="checkbox"/> LC	<input type="checkbox"/> Corp. - State Inc. _____	<input type="checkbox"/> Gen. Partnership	<input type="checkbox"/> L. Partnership	<input type="checkbox"/> Other _____
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Owners, Partners, ¹⁾ LLC Members, or Officers (For Additional Names, Please Attach List)	Name			Title
	Home Address			Social Security #
	City	State	ZIP Code	Phone No. ()
	2) Name			Title
	Home Address			Social Security #
	City	State	ZIP Code	Phone No. ()
Corporate or LLC Statutory Agent	Name			Phone No. ()
Location Where Business Records Are Kept	Name			Phone No. ()
	Address		City	State
ZIP Code				

Section IV. Business Type

Business Type	<input type="checkbox"/> Retail Sales <input type="checkbox"/> Restaurant/Bar <input type="checkbox"/> Amusement <input type="checkbox"/> Instruction Contracting <input type="checkbox"/> Tax <input type="checkbox"/> Wholesaler <input type="checkbox"/> Manufacturer <input type="checkbox"/> Commercial Rental <input type="checkbox"/> Residential Rental (# of Units _____) <input type="checkbox"/> Hotel/Motel <input type="checkbox"/> Other _____			
Describe Nature of Business				Contractors #
Check method you will use in submitting reports: <input type="checkbox"/> Cash Receipts <input type="checkbox"/> Accrual				# of Employees

Section V. Business Premises Status

Check one:	Do you own your business location? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, Is this your residence? <input type="checkbox"/> Yes <input type="checkbox"/> No		
	If no, complete Landlord/Property Manager information		
	Landlord/Property Manager Name	Address	Phone # ()
	Do you rent a portion of the business premises to another entity? <input type="checkbox"/> Yes <input type="checkbox"/> No		

I certify that the statements made in this application are true and complete to the best of my knowledge. I accept the permit authorized and issued in response to this application with the condition that I report timely and pay any and all taxes due by me to the city. Incomplete forms may not be processed.

IF APPLICABLE, BE SURE ALL SALES TAX HAS BEEN PAID BY FORMER OWNER. BY LAW YOU MAY BE LIABLE FOR ANY UNPAID TAX.

Print Name	Signature	Title	Date
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Fees Are Not Refundable**Applicant Use****Businesses:**☐ \$40**Residential Rentals:**☐ 1 Unit - \$17☐ 2 Units - \$19☐ 3 Units - \$21☐ 4 Units - \$23☐ 5 Units - \$25☐ 6 Units - \$27☐ 7 Units - \$29☐ 8 Units - \$31☐ 9 Units - \$33☐ 10 Units - \$35☐ 11 Units - \$37☐ 12 Units - \$39☐ 13+ Units - \$40**Prior Year License****& Late Fees May****Apply****Total Payment:****Business Class****Codes:****SIC Code:****Filing Freq.****M Q A C****Master Lic. #:****Geo Code:****Entered By:****Site Dev. Appr. Date:****Appr By****Date**